

**NATIONAL SCHOOL LUNCH PROGRAM
INCOME ELIGIBILITY GUIDELINES FOR FREE MILK
Effective FROM July 1, 2008 to June 30, 2009**

FREE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	13,520	1,127	564	520	260
2	18,200	1,517	759	700	350
3	22,880	1,907	954	880	440
4	27,560	2,297	1,149	1,060	530
5	32,240	2,687	1,344	1,240	620
6	36,920	3,077	1,539	1,420	710
7	41,600	3,467	1,734	1,600	800
8	46,280	3,857	1,929	1,780	890
For each additional family member add:	+4,680	+390	+195	+180	+90

A. All applications qualified by income must have:

1. All household members listed.
2. Income by household member and source.
3. The Social Security Number of the primary wage earner or adult who signs the application or box checked if they do have a Social Security No.
4. An adult household member's signature.

MONTHLY INCOME COMPUTATION

Multiply:

Weekly income by 52

Every two weeks income by 26

Twice monthly income by 24

Monthly income by 12

B. All applications qualified by Food Stamp, Temporary Assistance for Families in Idaho (TAFI), or Federal Distribution Program for Indian Reservations (FDPIR) number must have:

1. Name of the child receiving benefits and a correct benefit number; and
2. An adult household member's signature.